

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CIGNA Corporation Political Action Committee

ADDRESS (number and street)

Two Liberty Place

1601 Chestnut St

☐Check if different  
than previously  
reported. (ACC)

Philadelphia

PA

19192

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00085316

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mari Newman, Asst. Treasurer

Signature of Treasurer

Electronically Filed by Mari Newman, Asst. Treasurer

Date

07

05

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>Y Y Y Y 2006</div>	<div>19403.41</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>32526.15</div>	
(c) Total Receipts (from Line 19) .....	<div>23354.52</div>	<div>105800.26</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>55880.67</div>	<div>125203.67</div>
7. Total Disbursements (from Line 31) .....	<div>26500.00</div>	<div>95823.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>29380.67</div>	<div>29380.67</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CIGNA Corporation Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9949.81	30928.78
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	13404.71	74871.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	23354.52	105800.26
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	23354.52	105800.26
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23354.52	105800.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23354.52	105800.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	75.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	75.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		17500.00	75590.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		9000.00	20158.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		26500.00	95823.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		26500.00	95823.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23354.52	105800.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23354.52	105800.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	75.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 93

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Austin

Mailing Address 394 W Remington Drive

City

State

Zip Code

Chandler

AZ

85248-2642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

GENERAL SURGEON

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

284.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-29476-10-20

Amount of Each Receipt this Period

22.45

**B.**

Full Name (Last, First, Middle Initial)

James Austin

Mailing Address 394 W Remington Drive

City

State

Zip Code

Chandler

AZ

85248-2642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

GENERAL SURGEON

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

284.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-9008-14-52

Amount of Each Receipt this Period

22.45

**C.**

Full Name (Last, First, Middle Initial)

James Austin

Mailing Address 394 W Remington Drive

City

State

Zip Code

Chandler

AZ

85248-2642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

GENERAL SURGEON

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

284.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-8950-15-14

Amount of Each Receipt this Period

22.45

**SUBTOTAL** of Receipts This Page (optional) .....

67.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 93

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Bell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 2126 Inverness Lane		<b>Transaction ID:</b> 20060606-27577-10-20
City Berwyn	State PA	Zip Code 19312-1992
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA CORPORATION	Occupation EVP CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Bell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 2126 Inverness Lane		<b>Transaction ID:</b> 20060619-7120-14-52
City Berwyn	State PA	Zip Code 19312-1992
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA CORPORATION	Occupation EVP CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Bell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 2126 Inverness Lane		<b>Transaction ID:</b> 20060629-7074-15-14
City Berwyn	State PA	Zip Code 19312-1992
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA CORPORATION	Occupation EVP CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paul B Borgesen Mailing Address 7022 W Kimberly Way City Glendale State AZ Zip Code 85308-5758 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation OTOLARYNGOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.52		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-30564-10-20 Amount of Each Receipt this Period 22.04
<b>B.</b> Full Name (Last, First, Middle Initial) Paul B Borgesen Mailing Address 7022 W Kimberly Way City Glendale State AZ Zip Code 85308-5758 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation OTOLARYNGOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.52		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-10086-14-52 Amount of Each Receipt this Period 22.04
<b>C.</b> Full Name (Last, First, Middle Initial) Paul B Borgesen Mailing Address 7022 W Kimberly Way City Glendale State AZ Zip Code 85308-5758 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation OTOLARYNGOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.52		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-10017-15-14 Amount of Each Receipt this Period 22.04

**SUBTOTAL** of Receipts This Page (optional) .....

66.12

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) M. L. Buckley Mailing Address 3651 N Leavitt Street City Chicago State IL Zip Code 60618-4821 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 428.30		Date of Receipt MM / DD / YYYY 06 / 01 / 2006 <b>Transaction ID:</b> 20060606-27685-10-20 Amount of Each Receipt this Period 9.62
<b>B.</b> Full Name (Last, First, Middle Initial) M. L. Buckley Mailing Address 3651 N Leavitt Street City Chicago State IL Zip Code 60618-4821 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 428.30		Date of Receipt MM / DD / YYYY 06 / 15 / 2006 <b>Transaction ID:</b> 20060619-7228-14-52 Amount of Each Receipt this Period 9.62
<b>C.</b> Full Name (Last, First, Middle Initial) M. L. Buckley Mailing Address 3651 N Leavitt Street City Chicago State IL Zip Code 60618-4821 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 428.30		Date of Receipt MM / DD / YYYY 06 / 29 / 2006 <b>Transaction ID:</b> 20060629-7182-15-14 Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional) .....

**28.86**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pauline A Candaux Mailing Address 762 E Passyunk Avenue City Philadelphia State PA Zip Code 19147-3025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-31434-10-20 Amount of Each Receipt this Period 85.00
<b>B.</b> Full Name (Last, First, Middle Initial) Pauline A Candaux Mailing Address 762 E Passyunk Avenue City Philadelphia State PA Zip Code 19147-3025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-10947-14-52 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) Pauline A Candaux Mailing Address 762 E Passyunk Avenue City Philadelphia State PA Zip Code 19147-3025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-10876-15-14 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Cannon

Mailing Address PO Box 226

City

Solebury

State

PA

Zip Code

18963-0226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

SVP CHIEF COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 20060606-24153-10-20

Amount of Each Receipt this Period

96.00

Full Name (Last, First, Middle Initial)

B. John Cannon

Mailing Address PO Box 226

City

Solebury

State

PA

Zip Code

18963-0226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

SVP CHIEF COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Transaction ID: 20060619-3729-14-52

Amount of Each Receipt this Period

96.00

Full Name (Last, First, Middle Initial)

C. John Cannon

Mailing Address PO Box 226

City

Solebury

State

PA

Zip Code

18963-0226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

SVP CHIEF COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 20060629-3711-15-14

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional) .....

288.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William C Carlson

Mailing Address 99 Westmont Street

City State Zip Code  
West Hartford CT 06117-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
EQUITY SENIOR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 20060606-21438-10-20

Amount of Each Receipt this Period

22.00

**B.** Full Name (Last, First, Middle Initial)  
William C Carlson

Mailing Address 99 Westmont Street

City State Zip Code  
West Hartford CT 06117-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
EQUITY SENIOR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Transaction ID: 20060619-1058-14-52

Amount of Each Receipt this Period

22.00

**C.** Full Name (Last, First, Middle Initial)  
William C Carlson

Mailing Address 99 Westmont Street

City State Zip Code  
West Hartford CT 06117-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
EQUITY SENIOR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 20060629-1054-15-14

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional) .....

66.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mary L Casey Mailing Address 160 River Road City Essex State CT Zip Code 06426-1306 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP SENIOR MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00			Date of Receipt MM / DD / YYYY 06 / 01 / 2006 <b>Transaction ID:</b> 20060606-26791-10-20 Amount of Each Receipt this Period 90.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mary L Casey Mailing Address 160 River Road City Essex State CT Zip Code 06426-1306 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP SENIOR MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00			Date of Receipt MM / DD / YYYY 06 / 15 / 2006 <b>Transaction ID:</b> 20060619-6337-14-52 Amount of Each Receipt this Period 90.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mary L Casey Mailing Address 160 River Road City Essex State CT Zip Code 06426-1306 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP SENIOR MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00			Date of Receipt MM / DD / YYYY 06 / 29 / 2006 <b>Transaction ID:</b> 20060629-6301-15-14 Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Carroll O Conway Mailing Address 60 Brenway Drive City State Zip Code West Hartford CT 06117-3010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-24300-10-20 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Carroll O Conway Mailing Address 60 Brenway Drive City State Zip Code West Hartford CT 06117-3010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-3870-14-52 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Carroll O Conway Mailing Address 60 Brenway Drive City State Zip Code West Hartford CT 06117-3010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-3852-15-14 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David M Cordani Mailing Address 32 Lucy Way City State Zip Code Simsbury CT 06070-2527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CUSTOMER SEGMENT & MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-21072-10-20 Amount of Each Receipt this Period 35.00
<b>B.</b> Full Name (Last, First, Middle Initial) David M Cordani Mailing Address 32 Lucy Way City State Zip Code Simsbury CT 06070-2527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CUSTOMER SEGMENT & MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-700-14-52 Amount of Each Receipt this Period 35.00
<b>C.</b> Full Name (Last, First, Middle Initial) David M Cordani Mailing Address 32 Lucy Way City State Zip Code Simsbury CT 06070-2527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CUSTOMER SEGMENT & MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-694-15-14 Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew D Crooks

Mailing Address 323 Turtle Trail

City

Lake Mary

State

FL

Zip Code

32746-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-34712-10-20

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Andrew D Crooks

Mailing Address 323 Turtle Trail

City

Lake Mary

State

FL

Zip Code

32746-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-14190-14-52

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Andrew D Crooks

Mailing Address 323 Turtle Trail

City

Lake Mary

State

FL

Zip Code

32746-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-14092-15-14

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas A Croswell

Mailing Address 121 Thistle Pond Drive

City

Bloomfield

State

CT

Zip Code

06002-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

SVP MEDICAL MGMT &amp; CONSUMERISM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-20755-10-20

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Thomas A Croswell

Mailing Address 121 Thistle Pond Drive

City

Bloomfield

State

CT

Zip Code

06002-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

SVP MEDICAL MGMT &amp; CONSUMERISM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-386-14-52

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Thomas A Croswell

Mailing Address 121 Thistle Pond Drive

City

Bloomfield

State

CT

Zip Code

06002-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

SVP MEDICAL MGMT &amp; CONSUMERISM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-383-15-14

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Fidel Davila Mailing Address 5909 Edinburgh Drive City State Zip Code Plano TX 75093-4743 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-32630-10-20 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Fidel Davila Mailing Address 5909 Edinburgh Drive City State Zip Code Plano TX 75093-4743 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-12133-14-52 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Fidel Davila Mailing Address 5909 Edinburgh Drive City State Zip Code Plano TX 75093-4743 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-12049-15-14 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johannes M De Jong

Mailing Address 6122 McCallum Street

City State Zip Code  
 Philadelphia PA 19144-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-20708-10-20

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Johannes M De Jong

Mailing Address 6122 McCallum Street

City State Zip Code  
 Philadelphia PA 19144-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-340-14-52

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Johannes M De Jong

Mailing Address 6122 McCallum Street

City State Zip Code  
 Philadelphia PA 19144-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-337-15-14

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas P Degemmis

Mailing Address 2276 Warner Road

City State Zip Code  
 Lansdale PA 19446-5853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP SERVICE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-21544-10-20

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas P Degemmis

Mailing Address 2276 Warner Road

City State Zip Code  
 Lansdale PA 19446-5853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP SERVICE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-1165-14-52

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Thomas P Degemmis

Mailing Address 2276 Warner Road

City State Zip Code  
 Lansdale PA 19446-5853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP SERVICE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-1160-15-14

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Edwin J Detrick			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 17 Swallow Road			<b>Transaction ID:</b> 20060606-24419-10-20	
City State Zip Code Holland PA 18966-1951		Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA CORPORATION		Occupation VP INVESTOR RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Edwin J Detrick			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 17 Swallow Road			<b>Transaction ID:</b> 20060619-3987-14-52	
City State Zip Code Holland PA 18966-1951		Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA CORPORATION		Occupation VP INVESTOR RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Edwin J Detrick			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 17 Swallow Road			<b>Transaction ID:</b> 20060629-3969-15-14	
City State Zip Code Holland PA 18966-1951		Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA CORPORATION		Occupation VP INVESTOR RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David R DeVoe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 303 Saint Peters Way		<b>Transaction ID:</b> 20060606-21722-10-20
City Philadelphia	State PA	Zip Code 19106-4230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>B.</b> Full Name (Last, First, Middle Initial) David R DeVoe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 303 Saint Peters Way		<b>Transaction ID:</b> 20060619-1341-14-52
City Philadelphia	State PA	Zip Code 19106-4230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>C.</b> Full Name (Last, First, Middle Initial) David R DeVoe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 303 Saint Peters Way		<b>Transaction ID:</b> 20060629-1336-15-14
City Philadelphia	State PA	Zip Code 19106-4230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

**SUBTOTAL** of Receipts This Page (optional) .....

57.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Keith Dixon Mailing Address 1715 Morgan Avenue S City State Zip Code Minneapolis MN 55405-2205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation PRESIDENT BEHAVIORAL HEALTH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-30209-10-20 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) Keith Dixon Mailing Address 1715 Morgan Avenue S City State Zip Code Minneapolis MN 55405-2205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation PRESIDENT BEHAVIORAL HEALTH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-9731-14-52 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Keith Dixon Mailing Address 1715 Morgan Avenue S City State Zip Code Minneapolis MN 55405-2205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation PRESIDENT BEHAVIORAL HEALTH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-9669-15-14 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jeannine Doherty

Mailing Address 15038 N 43rd Street

City State Zip Code  
 Phoenix AZ 85032-8107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-51-15-14

Amount of Each Receipt this Period

28.33

Full Name (Last, First, Middle Initial)

**B.** Daryl W Edmonds

Mailing Address 9211 Sand Hill Street

City State Zip Code  
 Highlands Ranch CO 80126-5219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-30644-10-20

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** Daryl W Edmonds

Mailing Address 9211 Sand Hill Street

City State Zip Code  
 Highlands Ranch CO 80126-5219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-10167-14-52

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

78.33

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Daryl W Edmonds  
Mailing Address 9211 Sand Hill Street

City State Zip Code  
Highlands Ranch CO 80126-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-10098-15-14

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Fair  
Mailing Address 1758 Boulevard

City State Zip Code  
West Hartford CT 06107-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
INVESTMENT MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-20704-10-20

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Fair  
Mailing Address 1758 Boulevard

City State Zip Code  
West Hartford CT 06107-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
INVESTMENT MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-336-14-52

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Fair Mailing Address 1758 Boulevard City State Zip Code West Hartford CT 06107-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation INVESTMENT MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-333-15-14 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Edward A Faruolo Mailing Address 19 Fenway St. N City State Zip Code Milford CT 06460-4546 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation MARKETING COMM SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-22642-10-20 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Edward A Faruolo Mailing Address 19 Fenway St. N City State Zip Code Milford CT 06460-4546 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation MARKETING COMM SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-2234-14-52 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Ferris

Mailing Address 66 Steep Hollow Drive

City

Glastonbury

State

CT

Zip Code

06033-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

VP MEDICARE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-20607-10-20

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Michael Ferris

Mailing Address 66 Steep Hollow Drive

City

Glastonbury

State

CT

Zip Code

06033-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

VP MEDICARE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-241-14-52

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Michael Ferris

Mailing Address 66 Steep Hollow Drive

City

Glastonbury

State

CT

Zip Code

06033-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

VP MEDICARE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-238-15-14

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Ferriss Mailing Address 6325 Wescates Court City State Zip Code Brentwood TN 37027-5648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-33653-10-20 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) David Ferriss Mailing Address 6325 Wescates Court City State Zip Code Brentwood TN 37027-5648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-13144-14-52 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) David Ferriss Mailing Address 6325 Wescates Court City State Zip Code Brentwood TN 37027-5648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-13056-15-14 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard H Forde Mailing Address 5 Brighton Lane City State Zip Code Simsbury CT 06070-1543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CHIEF INVESTMENT OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-21728-10-20 Amount of Each Receipt this Period 90.00
<b>B.</b> Full Name (Last, First, Middle Initial) Richard H Forde Mailing Address 5 Brighton Lane City State Zip Code Simsbury CT 06070-1543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CHIEF INVESTMENT OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-1347-14-52 Amount of Each Receipt this Period 90.00
<b>C.</b> Full Name (Last, First, Middle Initial) Richard H Forde Mailing Address 5 Brighton Lane City State Zip Code Simsbury CT 06070-1543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CHIEF INVESTMENT OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-1342-15-14 Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert S Fry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1004 Beech Bay Road		<b>Transaction ID:</b> 20060606-24917-10-20
City Poplar Grove	State IL	Zip Code 61065-8242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation GENERAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert S Fry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 1004 Beech Bay Road		<b>Transaction ID:</b> 20060619-4477-14-52
City Poplar Grove	State IL	Zip Code 61065-8242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation GENERAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert S Fry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1004 Beech Bay Road		<b>Transaction ID:</b> 20060629-4454-15-14
City Poplar Grove	State IL	Zip Code 61065-8242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation GENERAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David J Giannoni			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 2030 James Farm Road			<b>Transaction ID:</b> 20060606-26938-10-20	
City State Zip Code Stratford CT 06614-1071		Amount of Each Receipt this Period 7.88		
FEC ID number of contributing federal political committee. C				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SENIOR ACCOUNT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 566.17		
<b>B.</b> Full Name (Last, First, Middle Initial) David J Giannoni			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 2030 James Farm Road			<b>Transaction ID:</b> 20060619-6483-14-52	
City State Zip Code Stratford CT 06614-1071		Amount of Each Receipt this Period 6.73		
FEC ID number of contributing federal political committee. C				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SENIOR ACCOUNT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 566.17		
<b>C.</b> Full Name (Last, First, Middle Initial) David J Giannoni			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 2030 James Farm Road			<b>Transaction ID:</b> 20060629-6446-15-14	
City State Zip Code Stratford CT 06614-1071		Amount of Each Receipt this Period 80.77		
FEC ID number of contributing federal political committee. C				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SENIOR ACCOUNT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 566.17		

SUBTOTAL of Receipts This Page (optional) .....

95.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy J Gifford

Mailing Address 211 Croftbridge Drive

City State Zip Code  
 Broomall PA 19008-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
VP CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-27601-10-20

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Timothy J Gifford

Mailing Address 211 Croftbridge Drive

City State Zip Code  
 Broomall PA 19008-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
VP CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-7144-14-52

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Timothy J Gifford

Mailing Address 211 Croftbridge Drive

City State Zip Code  
 Broomall PA 19008-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
VP CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-7098-15-14

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ian A Glew Mailing Address 21 Billingsgate Drive City State Zip Code Simsbury CT 06070-2764 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP COLI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1019.77		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-27222-10-20 Amount of Each Receipt this Period 85.20
<b>B.</b> Full Name (Last, First, Middle Initial) Ian A Glew Mailing Address 21 Billingsgate Drive City State Zip Code Simsbury CT 06070-2764 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP COLI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1019.77		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-6766-14-52 Amount of Each Receipt this Period 88.93
<b>C.</b> Full Name (Last, First, Middle Initial) Paul J Gontarek Mailing Address 7442 Devon Street City State Zip Code Philadelphia PA 19119-1018 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation ASSOC CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-25095-10-20 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

199.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paul J Gontarek		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-4655-14-52
Mailing Address 7442 Devon Street		
City Philadelphia	State PA	Zip Code 19119-1018
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 25.00
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Paul J Gontarek		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-4632-15-14
Mailing Address 7442 Devon Street		
City Philadelphia	State PA	Zip Code 19119-1018
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 25.00
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas E Greenebaum		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-36380-10-20
Mailing Address 15 Avalon Drive		
City Avon	State CT	Zip Code 06001-3539
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas E Greenebaum

Mailing Address 15 Avalon Drive

City State Zip Code  
 Avon CT 06001-3539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-15832-14-52

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas E Greenebaum

Mailing Address 15 Avalon Drive

City State Zip Code  
 Avon CT 06001-3539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-15713-15-14

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Joseph C Gregor

Mailing Address 1204 Hadleigh Drive

City State Zip Code  
 West Chester PA 19380-5832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
RVP SEGMENT LEAD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-26525-10-20

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph C Gregor

Mailing Address 1204 Hadleigh Drive

City

West Chester

State

PA

Zip Code

19380-5832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

RVP SEGMENT LEAD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-6072-14-52

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joseph C Gregor

Mailing Address 1204 Hadleigh Drive

City

West Chester

State

PA

Zip Code

19380-5832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

RVP SEGMENT LEAD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-6038-15-14

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Douglas R Hadley

Mailing Address 301 Glen Echo Lane Apt. B

City

Cary

State

NC

Zip Code

27511-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-31103-10-20

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Douglas R Hadley Mailing Address 301 Glen Echo Lane Apt. B City State Zip Code Cary NC 27511-9680 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation NATIONAL MEDICAL SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-10619-14-52 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Douglas R Hadley Mailing Address 301 Glen Echo Lane Apt. B City State Zip Code Cary NC 27511-9680 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation NATIONAL MEDICAL SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-10549-15-14 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) H. E Hanway Mailing Address 1601 Chestnut St City State Zip Code Philadelphia PA 19192 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation PRESIDENT & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-24998-10-20 Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional) .....**232.30****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) H. E Hanway		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 1601 Chestnut St		<b>Transaction ID:</b> 20060619-4558-14-52
City Philadelphia	State PA	Zip Code 19192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer CIGNA CORPORATION	Occupation PRESIDENT & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

<b>B.</b> Full Name (Last, First, Middle Initial) H. E Hanway		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1601 Chestnut St		<b>Transaction ID:</b> 20060629-4535-15-14
City Philadelphia	State PA	Zip Code 19192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer CIGNA CORPORATION	Occupation PRESIDENT & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert P Hockmuth		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 135 Brackett Road		<b>Transaction ID:</b> 20060606-21534-10-20
City Rye	State NH	Zip Code 03870-2044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MEDICAL SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

**SUBTOTAL** of Receipts This Page (optional) .....

403.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert P Hockmuth Mailing Address 135 Brackett Road City Rye State NH Zip Code 03870-2044 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-1155-14-52 Amount of Each Receipt this Period 19.24
<b>B.</b> Full Name (Last, First, Middle Initial) Robert P Hockmuth Mailing Address 135 Brackett Road City Rye State NH Zip Code 03870-2044 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-1150-15-14 Amount of Each Receipt this Period 19.24
<b>C.</b> Full Name (Last, First, Middle Initial) Robert J Hughes Mailing Address 120 Shandon Place City Malvern State PA Zip Code 19355-3177 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP BFO INTERNATIONAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-22405-10-20 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

58.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert J Hughes Mailing Address 120 Shandon Place City Malvern State PA Zip Code 19355-3177 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP BFO INTERNATIONAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-2003-14-52 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Robert J Hughes Mailing Address 120 Shandon Place City Malvern State PA Zip Code 19355-3177 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP BFO INTERNATIONAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-1998-15-14 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) William S Jameson Mailing Address 690 Bradford Street City Pasadena State CA Zip Code 91105-2411 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ASSOC CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-31375-10-20 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William S Jameson  
Mailing Address 690 Bradford Street

City State Zip Code  
Pasadena CA 91105-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-10888-14-52

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
William S Jameson  
Mailing Address 690 Bradford Street

City State Zip Code  
Pasadena CA 91105-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-10817-15-14

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
Frank E Jones  
Mailing Address 2622 Cedarvue Drive

City State Zip Code  
Pittsburgh PA 15241-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-4822-15-14

Amount of Each Receipt this Period

15.96

**SUBTOTAL** of Receipts This Page (optional) .....

65.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rene R LaFleur		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 169 Burnham Road		<b>Transaction ID:</b> 20060629-291-15-14
City Lowell	State MA	Zip Code 01852-1611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.60
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SENIOR ACCOUNT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.21	

<b>B.</b> Full Name (Last, First, Middle Initial) William P Lawless		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 509 S Bay Shore Boulevard		<b>Transaction ID:</b> 20060606-23290-10-20
City Gilbert	State AZ	Zip Code 85233-6624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation ADULT MEDICINE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b> Full Name (Last, First, Middle Initial) William P Lawless		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 509 S Bay Shore Boulevard		<b>Transaction ID:</b> 20060619-2874-14-52
City Gilbert	State AZ	Zip Code 85233-6624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation ADULT MEDICINE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**SUBTOTAL** of Receipts This Page (optional) .....

48.60

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** William P Lawless

Mailing Address 509 S Bay Shore Boulevard

City	State	Zip Code
Gilbert	AZ	85233-6624

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INCOccupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 20060629-2864-15-14

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Christophe R Loomis

Mailing Address 909 Overton Avenue

City	State	Zip Code
Yardley	PA	19067-1025

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CIGNA CORPORATIONOccupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 20060606-27861-10-20

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Christophe R Loomis

Mailing Address 909 Overton Avenue

City	State	Zip Code
Yardley	PA	19067-1025

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CIGNA CORPORATIONOccupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Transaction ID: 20060619-7402-14-52

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Christophe R Loomis

Mailing Address 909 Overton Avenue

City State Zip Code  
Yardley PA 19067-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-7355-15-14

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)

John W Matheny

Mailing Address 43 S Taylor Point Drive

City State Zip Code  
the Woodlands TX 77382-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROVIDER CONTRACTING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-6813-15-14

Amount of Each Receipt this Period

16.02

**C.** Full Name (Last, First, Middle Initial)

Andrew J Mellen

Mailing Address 620 N Heilbron Drive

City State Zip Code  
Media PA 19063-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
VP GENERAL MANAGER, INTL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-23153-10-20

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

121.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew J Mellen

Mailing Address 620 N Heilbron Drive

City State Zip Code  
 Media PA 19063-4623

FEC ID number of contributing federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-ERICAOccupation  
VP GENERAL MANAGER, INTL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-2739-14-52

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Andrew J Mellen

Mailing Address 620 N Heilbron Drive

City State Zip Code  
 Media PA 19063-4623

FEC ID number of contributing federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-ERICAOccupation  
VP GENERAL MANAGER, INTL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-2732-15-14

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Kymberly P Miranda

Mailing Address 5633 Northwest 88th Terrace

City State Zip Code  
 Coral Springs FL 33067-2862

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
ACCOUNT MANAGER-NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-27924-10-20

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kymberly P Miranda Mailing Address 5633 Northwest 88th Terrace City State Zip Code Coral Springs FL 33067-2862 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-7465-14-52 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Kymberly P Miranda Mailing Address 5633 Northwest 88th Terrace City State Zip Code Coral Springs FL 33067-2862 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-7418-15-14 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) John M Murabito Mailing Address 105 Mill View Lane City State Zip Code Newtown Square PA 19073-1428 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP HUMAN RESOURCES & SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-38884-10-20 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John M Murabito Mailing Address 105 Mill View Lane City State Zip Code Newtown Square PA 19073-1428 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP HUMAN RESOURCES & SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-18301-14-52 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) John M Murabito Mailing Address 105 Mill View Lane City State Zip Code Newtown Square PA 19073-1428 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP HUMAN RESOURCES & SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-18169-15-14 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Michele Nelson Mailing Address 19 Blueberry Lane City State Zip Code East Hartford CT 06118-2007 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation BUSINESS PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-34166-10-20 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michele Nelson Mailing Address 19 Blueberry Lane City East Hartford State CT Zip Code 06118-2007 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation BUSINESS PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-13648-14-52 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Michele Nelson Mailing Address 19 Blueberry Lane City East Hartford State CT Zip Code 06118-2007 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation BUSINESS PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-13554-15-14 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Nicoll Mailing Address 4 Bayview Drive City Plainview State NY Zip Code 11803-1534 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.67			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-23476-10-20 Amount of Each Receipt this Period 25.42

**SUBTOTAL** of Receipts This Page (optional) .....

65.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Nicoll Mailing Address 4 Bayview Drive City Plainview State NY Zip Code 11803-1534 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.67		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-3055-14-52 Amount of Each Receipt this Period 25.42
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Nicoll Mailing Address 4 Bayview Drive City Plainview State NY Zip Code 11803-1534 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.67		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-3045-15-14 Amount of Each Receipt this Period 25.42
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffery L Novak Mailing Address 34 Sherman Drive City Malvern State PA Zip Code 19355-3185 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP CORPORATE SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-34750-10-20 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffery L Novak			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 34 Sherman Drive			<b>Transaction ID:</b> 20060619-14227-14-52	
City Malvern	State PA	Zip Code 19355-3185	<b>Amount of Each Receipt this Period</b> 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA CORPORATION		Occupation VP CORPORATE SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1105.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Jeffery L Novak			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 34 Sherman Drive			<b>Transaction ID:</b> 20060629-14128-15-14	
City Malvern	State PA	Zip Code 19355-3185	<b>Amount of Each Receipt this Period</b> 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA CORPORATION		Occupation VP CORPORATE SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1105.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Noel Obourn			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 1278 Main Street			<b>Transaction ID:</b> 20060606-36802-10-20	
City Glastonbury	State CT	Zip Code 06033-3124	<b>Amount of Each Receipt this Period</b> 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SVP SEGMENT LEAD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1105.00		

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Noel Obourn Mailing Address 1278 Main Street City State Zip Code Glastonbury CT 06033-3124 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP SEGMENT LEAD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-16244-14-52 Amount of Each Receipt this Period 85.00
<b>B.</b> Full Name (Last, First, Middle Initial) Noel Obourn Mailing Address 1278 Main Street City State Zip Code Glastonbury CT 06033-3124 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP SEGMENT LEAD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-16125-15-14 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) Charlene Parsons Mailing Address 1179 Colts Lane City State Zip Code Yardley PA 19067-3964 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP TOTAL REWARDS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-39755-10-20 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charlene Parsons  
Mailing Address 1179 Colts Lane

City State Zip Code  
Yardley PA 19067-3964

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
VP TOTAL REWARDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-19148-14-52

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)  
Charlene Parsons  
Mailing Address 1179 Colts Lane

City State Zip Code  
Yardley PA 19067-3964

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
VP TOTAL REWARDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-19006-15-14

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)  
Mark A Parsons  
Mailing Address 15 Rexinger Lane

City State Zip Code  
Avon CT 06001-2340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SVP REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-21053-10-20

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mark A Parsons Mailing Address 15 Rexinger Lane City Avon State CT Zip Code 06001-2340 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP REINSURANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-683-14-52 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mark A Parsons Mailing Address 15 Rexinger Lane City Avon State CT Zip Code 06001-2340 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP REINSURANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-678-15-14 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) John R Perlstein Mailing Address 19 Clover Lane City Manchester State CT Zip Code 06040-6771 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-22907-10-20 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

John R Perlstein

Mailing Address 19 Clover Lane

City State Zip Code  
Manchester CT 06040-6771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
VP CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: 20060619-2493-14-52

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)

John R Perlstein

Mailing Address 19 Clover Lane

City State Zip Code  
Manchester CT 06040-6771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
VP CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: 20060629-2488-15-14

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)

Glenn D Pomerantz

Mailing Address 140 Hyde Road

City State Zip Code  
West Hartford CT 06117-1620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
MEDICAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2006

Transaction ID: 20060606-34868-10-20

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Glenn D Pomerantz Mailing Address 140 Hyde Road City State Zip Code West Hartford CT 06117-1620 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-14343-14-52 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Glenn D Pomerantz Mailing Address 140 Hyde Road City State Zip Code West Hartford CT 06117-1620 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-14243-15-14 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) John C Rademacher Mailing Address 746 Calabria Lane City State Zip Code Ambler PA 19002-1539 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-36480-10-20 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C Rademacher

Mailing Address 746 Calabria Lane

City	State	Zip Code
Ambler	PA	19002-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	6

Transaction ID: 20060619-15929-14-52

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John C Rademacher

Mailing Address 746 Calabria Lane

City	State	Zip Code
Ambler	PA	19002-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	6

Transaction ID: 20060629-15812-15-14

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. William J Reedy

Mailing Address 1539 E Hackamore Street

City	State	Zip Code
Mesa	AZ	85203-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC.Occupation  
URGENT CARE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	6

Transaction ID: 20060606-30266-10-20

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

70.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. William J Reedy

Mailing Address 1539 E Hackamore Street

City State Zip Code  
Mesa AZ 85203-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
URGENT CARE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-9788-14-52

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. William J Reedy

Mailing Address 1539 E Hackamore Street

City State Zip Code  
Mesa AZ 85203-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
URGENT CARE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-9725-15-14

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas B Richards

Mailing Address 3 Scarborough Road

City State Zip Code  
Simsbury CT 06070-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP PRODUCT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-21349-10-20

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas B Richards

Mailing Address 3 Scarborough Road

City State Zip Code  
 Simsbury CT 06070-1257

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
VP PRODUCT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-970-14-52

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas B Richards

Mailing Address 3 Scarborough Road

City State Zip Code  
 Simsbury CT 06070-1257

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
VP PRODUCT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-965-15-14

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Karen S Rohan

Mailing Address 13 Fisherdict Road

City State Zip Code  
 Ware MA 01082-9775

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
PRESIDENT HEALTHCARE SUBSID

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-20583-10-20

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Karen S Rohan Mailing Address 13 Fisherdict Road City State Zip Code Ware MA 01082-9775 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PRESIDENT HEALTHCARE SUBSID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-217-14-52 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Karen S Rohan Mailing Address 13 Fisherdict Road City State Zip Code Ware MA 01082-9775 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PRESIDENT HEALTHCARE SUBSID Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-214-15-14 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Michael J Ross Mailing Address 147 Old Gulph Road City State Zip Code Wynnewood PA 19096-1016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-37082-10-20 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael J Ross Mailing Address 147 Old Gulph Road City Wynnewood State PA Zip Code 19096-1016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00			Date of Receipt MM / DD / YYYY 06 / 15 / 2006 <b>Transaction ID:</b> 20060619-16521-14-52 Amount of Each Receipt this Period 85.00
<b>B.</b> Full Name (Last, First, Middle Initial) Michael J Ross Mailing Address 147 Old Gulph Road City Wynnewood State PA Zip Code 19096-1016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00			Date of Receipt MM / DD / YYYY 06 / 29 / 2006 <b>Transaction ID:</b> 20060629-16402-15-14 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan N Rubin Mailing Address 108 W Mountain Road City West Simsbury State CT Zip Code 06092-2530 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP BFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00			Date of Receipt MM / DD / YYYY 06 / 01 / 2006 <b>Transaction ID:</b> 20060606-22110-10-20 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jonathan N Rubin  
Mailing Address 108 W Mountain Road

City State Zip Code  
West Simsbury CT 06092-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SVP BFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-1717-14-52

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)  
Jonathan N Rubin  
Mailing Address 108 W Mountain Road

City State Zip Code  
West Simsbury CT 06092-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SVP BFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-1711-15-14

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)  
Rolando G Ruiz  
Mailing Address 11590 E Cavedale Drive

City State Zip Code  
Scottsdale AZ 85262-8011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
MEDICAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-21359-10-20

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

189.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rolando G Ruiz Mailing Address 11590 E Cavedale Drive City State Zip Code Scottsdale AZ 85262-8011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-980-14-52 Amount of Each Receipt this Period 19.24
<b>B.</b> Full Name (Last, First, Middle Initial) Rolando G Ruiz Mailing Address 11590 E Cavedale Drive City State Zip Code Scottsdale AZ 85262-8011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-975-15-14 Amount of Each Receipt this Period 19.24
<b>C.</b> Full Name (Last, First, Middle Initial) Richard B Salmon Mailing Address 5 Hawks Ridge City State Zip Code Avon CT 06001-4417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation NATIONAL MEDICAL SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-23308-10-20 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) .....

68.48

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)

Richard B Salmon

Mailing Address 5 Hawks Ridge

City State Zip Code  
 Avon CT 06001-4417

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-2891-14-52

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

Richard B Salmon

Mailing Address 5 Hawks Ridge

City State Zip Code  
 Avon CT 06001-4417

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-2881-15-14

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)

David N Sasportas

Mailing Address 125 Wadhams Road

City State Zip Code  
 Bloomfield CT 06002-1250

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
APP DEVELOPMENT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-20969-10-20

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
David N Sasportas  
Mailing Address 125 Wadhams Road

City State Zip Code  
Bloomfield CT 06002-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
APP DEVELOPMENT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-599-14-52

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
David N Sasportas  
Mailing Address 125 Wadhams Road

City State Zip Code  
Bloomfield CT 06002-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
APP DEVELOPMENT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-595-15-14

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Frank Sataline  
Mailing Address 18 Wyndham Lane

City State Zip Code  
Farmington CT 06032-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
REAL ESTATE SR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-21054-10-20

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Sataline Mailing Address 18 Wyndham Lane City Farmington State CT Zip Code 06032-2758 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation REAL ESTATE SR MANAGING DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 910.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-684-14-52 Amount of Each Receipt this Period 70.00
<b>B.</b> Full Name (Last, First, Middle Initial) Frank Sataline Mailing Address 18 Wyndham Lane City Farmington State CT Zip Code 06032-2758 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation REAL ESTATE SR MANAGING DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 910.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-679-15-14 Amount of Each Receipt this Period 70.00
<b>C.</b> Full Name (Last, First, Middle Initial) Susan A Schebell Mailing Address 1718 Westbury Ridge Drive City Midlothian State VA Zip Code 23114-5148 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 546.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-23187-10-20 Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional) .....

149.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan A Schebell

Mailing Address 1718 Westbury Ridge Drive

City

Midlothian

State

VA

Zip Code

23114-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

ACCOUNT MANAGER-NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-2772-14-52

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

Susan A Schebell

Mailing Address 1718 Westbury Ridge Drive

City

Midlothian

State

VA

Zip Code

23114-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

ACCOUNT MANAGER-NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-2765-15-14

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

David S Scheibe

Mailing Address 257 Linden Street

City

Moorestown

State

NJ

Zip Code

08057-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

TREASURY SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-22418-10-20

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

39.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David S Scheibe Mailing Address 257 Linden Street City State Zip Code Moorestown NJ 08057-3622 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation TREASURY SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-2016-14-52 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) David S Scheibe Mailing Address 257 Linden Street City State Zip Code Moorestown NJ 08057-3622 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation TREASURY SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-2011-15-14 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mordecai Schwartz Mailing Address 717 Haviland Drive City State Zip Code Bryn Mawr PA 19010-1151 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation SVP TREASURY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-29352-10-20 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mordecai Schwartz Mailing Address 717 Haviland Drive City State Zip Code Bryn Mawr PA 19010-1151 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation SVP TREASURY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-8884-14-52 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mordecai Schwartz Mailing Address 717 Haviland Drive City State Zip Code Bryn Mawr PA 19010-1151 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation SVP TREASURY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-8826-15-14 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Stephen J Sherry Mailing Address 597 Cheese Spring Road City State Zip Code New Canaan CT 06840-2917 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.93		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-23016-10-20 Amount of Each Receipt this Period 12.65

SUBTOTAL of Receipts This Page (optional) .....

72.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen J Sherry

Mailing Address 597 Cheese Spring Road

City State Zip Code  
 New Canaan CT 06840-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.93

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-2602-14-52

Amount of Each Receipt this Period

11.25

Full Name (Last, First, Middle Initial)

B. Stephen J Sherry

Mailing Address 597 Cheese Spring Road

City State Zip Code  
 New Canaan CT 06840-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.93

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-2595-15-14

Amount of Each Receipt this Period

36.06

Full Name (Last, First, Middle Initial)

C. Charles E Smith

Mailing Address 30 White Pine Lane

City State Zip Code  
 West Hartford CT 06107-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-29657-10-20

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

77.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Charles E Smith Mailing Address 30 White Pine Lane City State Zip Code West Hartford CT 06107-1321 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation NATIONAL MEDICAL SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-9186-14-52 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) Charles E Smith Mailing Address 30 White Pine Lane City State Zip Code West Hartford CT 06107-1321 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation NATIONAL MEDICAL SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-9128-15-14 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Judith E Soltz Mailing Address 1601 Chestnut St City State Zip Code Philadelphia PA 19192-0003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP GENL COUNSEL & PUB AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-20878-10-20 Amount of Each Receipt this Period 190.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Judith E Soltz Mailing Address 1601 Chestnut St City Philadelphia State PA Zip Code 19192-0003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP GENL COUNSEL & PUB AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2280.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-508-14-52 Amount of Each Receipt this Period 190.00
<b>B.</b> Full Name (Last, First, Middle Initial) Donald R Spelhaug Mailing Address 5710 W Arrowhead Lakes Drive City Glendale State AZ Zip Code 85308-6217 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation ADULT MEDICINE PRACTITIONER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-30345-10-20 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Donald R Spelhaug Mailing Address 5710 W Arrowhead Lakes Drive City Glendale State AZ Zip Code 85308-6217 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation ADULT MEDICINE PRACTITIONER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-9866-14-52 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Donald R Spelhaug

Mailing Address 5710 W Arrowhead Lakes Drive

City State Zip Code  
Glendale AZ 85308-6217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-9802-15-14

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
Otha T Spriggs

Mailing Address 66 Cedar Hill Lane

City State Zip Code  
Media PA 19063-6311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-35107-10-20

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)  
Otha T Spriggs

Mailing Address 66 Cedar Hill Lane

City State Zip Code  
Media PA 19063-6311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-14577-14-52

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Otha T Spriggs		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 66 Cedar Hill Lane		<b>Transaction ID:</b> 20060629-14472-15-14
City Media	State PA	Zip Code 19063-6311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Stepp		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 5833 Carrollton Avenue		<b>Transaction ID:</b> 20060606-27062-10-20
City Indianapolis	State IN	Zip Code 46220-2617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.77
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SENIOR ACCOUNT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.83	

<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Stepp		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 5833 Carrollton Avenue		<b>Transaction ID:</b> 20060619-6606-14-52
City Indianapolis	State IN	Zip Code 46220-2617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.77
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SENIOR ACCOUNT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.83	

SUBTOTAL of Receipts This Page (optional) .....

96.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Stepp

Mailing Address 5833 Carrollton Avenue

City State Zip Code  
 Indianapolis IN 46220-2617

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.83

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-6565-15-14

Amount of Each Receipt this Period

13.53

Full Name (Last, First, Middle Initial)

B. Cathrin Stickney

Mailing Address 69 W 9th Street  
Apt. 5G

City State Zip Code  
 New York NY 10011-8977

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SEGMENT MARKETING SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-12490-14-52

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

C. Cathrin Stickney

Mailing Address 69 W 9th Street  
Apt. 5G

City State Zip Code  
 New York NY 10011-8977

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SEGMENT MARKETING SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-12404-15-14

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional) .....

49.53

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Storrer

Mailing Address 100 Wells Street Apt. 906

City	State	Zip Code
Hartford	CT	06103-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SVP SERVICE OPS AND IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 20060606-34855-10-20

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Scott Storrer

Mailing Address 100 Wells Street Apt. 906

City	State	Zip Code
Hartford	CT	06103-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SVP SERVICE OPS AND IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Transaction ID: 20060619-14330-14-52

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Scott Storrer

Mailing Address 100 Wells Street Apt. 906

City	State	Zip Code
Hartford	CT	06103-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SVP SERVICE OPS AND IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 20060629-14230-15-14

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jeff S Terrill Mailing Address 9556 E Cortez Street City State Zip Code Scottsdale AZ 85260-5866 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-33892-10-20 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Jeff S Terrill Mailing Address 9556 E Cortez Street City State Zip Code Scottsdale AZ 85260-5866 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-13381-14-52 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jeff S Terrill Mailing Address 9556 E Cortez Street City State Zip Code Scottsdale AZ 85260-5866 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-13292-15-14 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Nancy E Tucker  
Mailing Address 522 E Commerce Street

City State Zip Code  
Milford MI 48381-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 20060606-27900-10-20

Amount of Each Receipt this Period

5.77

**B.** Full Name (Last, First, Middle Initial)  
Nancy E Tucker  
Mailing Address 522 E Commerce Street

City State Zip Code  
Milford MI 48381-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 20060619-7441-14-52

Amount of Each Receipt this Period

5.77

**C.** Full Name (Last, First, Middle Initial)  
Nancy E Tucker  
Mailing Address 522 E Commerce Street

City State Zip Code  
Milford MI 48381-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 20060629-7394-15-14

Amount of Each Receipt this Period

5.77

**SUBTOTAL** of Receipts This Page (optional) .....

17.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Carol Ward Mailing Address 112 Hickory Lane City State Zip Code Bryn Mawr PA 19010-1018 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation CIGNA CORPORATION VP CORP SECY & COMPL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-27811-10-20 Amount of Each Receipt this Period 85.00
<b>B.</b> Full Name (Last, First, Middle Initial) Carol Ward Mailing Address 112 Hickory Lane City State Zip Code Bryn Mawr PA 19010-1018 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation CIGNA CORPORATION VP CORP SECY & COMPL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-7352-14-52 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) Carol Ward Mailing Address 112 Hickory Lane City State Zip Code Bryn Mawr PA 19010-1018 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation CIGNA CORPORATION VP CORP SECY & COMPL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1105.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-7305-15-14 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Scott D Watson			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 1813 Shadywood Court			<b>Transaction ID:</b> 20060606-27634-10-20	
City State Zip Code Chesterfield MO 63017-5440		<b>Amount of Each Receipt this Period</b> 15.38		
FEC ID number of contributing federal political committee. C				
Name of Employer LIFE INS. CO. OF NORTH AM-ERICA		Occupation ACCOUNT MANAGER-NATIONAL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 453.51		
<b>B.</b> Full Name (Last, First, Middle Initial) Scott D Watson			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 1813 Shadywood Court			<b>Transaction ID:</b> 20060619-7177-14-52	
City State Zip Code Chesterfield MO 63017-5440		<b>Amount of Each Receipt this Period</b> 150.81		
FEC ID number of contributing federal political committee. C				
Name of Employer LIFE INS. CO. OF NORTH AM-ERICA		Occupation ACCOUNT MANAGER-NATIONAL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 453.51		
<b>C.</b> Full Name (Last, First, Middle Initial) Scott D Watson			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1813 Shadywood Court			<b>Transaction ID:</b> 20060629-7131-15-14	
City State Zip Code Chesterfield MO 63017-5440		<b>Amount of Each Receipt this Period</b> 15.38		
FEC ID number of contributing federal political committee. C				
Name of Employer LIFE INS. CO. OF NORTH AM-ERICA		Occupation ACCOUNT MANAGER-NATIONAL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 453.51		

**SUBTOTAL** of Receipts This Page (optional) .....

181.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Wells Mailing Address PO Box 214 389B Merrymeeting Lake Road City State Zip Code New Durham NH 03855-0214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL PROGRAM SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-20410-10-20 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Brian Wells Mailing Address PO Box 214 389B Merrymeeting Lake Road City State Zip Code New Durham NH 03855-0214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL PROGRAM SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-46-14-52 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Brian Wells Mailing Address PO Box 214 389B Merrymeeting Lake Road City State Zip Code New Durham NH 03855-0214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL PROGRAM SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-45-15-14 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard M White Mailing Address 68 Longwood Drive City Portland State ME Zip Code 04102-1524 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20060606-23273-10-20 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	1		2	0	0	6																							
20.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Richard M White Mailing Address 68 Longwood Drive City Portland State ME Zip Code 04102-1524 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20060619-2857-14-52 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	5		2	0	0	6																							
20.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Richard M White Mailing Address 68 Longwood Drive City Portland State ME Zip Code 04102-1524 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20060629-2847-15-14 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	9		2	0	0	6																							
20.00																																

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rebekah C Whitehouse Mailing Address 2640 W Tulsa Street City Chandler State AZ Zip Code 85224-4174 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MARKETING COMM SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-35003-10-20 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rebekah C Whitehouse Mailing Address 2640 W Tulsa Street City Chandler State AZ Zip Code 85224-4174 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MARKETING COMM SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-14475-14-52 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Rebekah C Whitehouse Mailing Address 2640 W Tulsa Street City Chandler State AZ Zip Code 85224-4174 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MARKETING COMM SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-14373-15-14 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Allen R Woolf Mailing Address 422 Witley Road City Wynnewood State PA Zip Code 19096-2425 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP NATIONAL MEDICAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 20060606-22082-10-20 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) Allen R Woolf Mailing Address 422 Witley Road City Wynnewood State PA Zip Code 19096-2425 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP NATIONAL MEDICAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060619-1689-14-52 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Allen R Woolf Mailing Address 422 Witley Road City Wynnewood State PA Zip Code 19096-2425 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP NATIONAL MEDICAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 20060629-1683-15-14 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

9949.81

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Committee To Elect Artur Davis To Congress**

Mailing Address PO Box 1845

City  
Birmingham

State  
AL

Zip Code  
35201

Purpose of Disbursement  
05/25/06 Breakfast at J.P. Morgan

Candidate Name  
Davis Artur

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: E1H3Q1XHJZW005A

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Earl Pomeroy for Congress**

Mailing Address PO Box 9336

City  
Fargo

State  
ND

Zip Code  
58106

Purpose of Disbursement  
06/20/2006 Reception at DNC Headquarters

Candidate Name  
Pomeroy Earl

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: E153Q2AHMATHR9A

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Friends of Kent Conrad**

Mailing Address PO Box 812

City  
Bismarck

State  
ND

Zip Code  
58502

Purpose of Disbursement  
06/20/2006 Luncheon at The Monocle Resta

Candidate Name  
Conrad Kent

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: E123Q2AHA1SHR9A

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Friends of Max Baucus**

Mailing Address PO Box 586

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
06/29/06 Breakfast at The Monocle

Candidate Name  
Baucus Max

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: EA9RHTFWHA2Q3U

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. Friends of Roy Blunt**

Mailing Address PO Box 50100

City  
Springfield

State  
MO

Zip Code  
65805

Purpose of Disbursement  
07/26/06 Breakfast at AHIP

Candidate Name  
Blunt Roy

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: EA9RHTDSHA2Q3G

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Grassley Committee Inc**

Mailing Address PO Box 1000

City  
Des Moines

State  
IA

Zip Code  
50304

Purpose of Disbursement  
06/20/06 Breakfast at 324 Independence A

Candidate Name  
Grassley Charles

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: EA9RHTLDIA2Q37

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Larson for Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement  
06/22/06 Breakfast at Bistro Bis Restaur

Candidate Name  
Larson John

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: EA50764RDX1Q37

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Mary Bono Committee

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement  
06/09/06 Reception at BMI

Candidate Name  
Bono Mary

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: EA500WE6GX1Q39

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Nathan Deal for Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement  
06/14/06 Reception at the Capitol Hill C

Candidate Name  
Deal Nathan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: EA507804EX1Q34

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Nathan Deal for Congress

Mailing Address PO Box 902

City  
Gainesville

State  
GA

Zip Code  
30503

Purpose of Disbursement  
05/25/06 Breakfast at the offices of Cap

Candidate Name  
Deal Nathan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: EA500WXAHX1Q3T

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Pryce for Congress

Mailing Address 145 East Rich Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
06/13/06 Reception

Candidate Name  
Pryce Deborah

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: E1F3Q1XGVNW005A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Reynolds for Congress

Mailing Address PO Box 15388  
Pittsford

City  
Rochester

State  
NY

Zip Code  
14615

Purpose of Disbursement  
05/25/06 dinner at McCormick & Schmick

Candidate Name  
Reynolds Thomas

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: EA500WU6HX1Q3F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Tom Allen for Congress Committee

Mailing Address PO Box 17766

City  
Portland

State  
ME

Zip Code  
04112

Purpose of Disbursement  
06/14/06 Financial Services Roundtable

Candidate Name  
Allen Thomas

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: E1B3Q1XGOKW005A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

17500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bredezen for Governor**

Mailing Address 223 Eighth Avenue North  
Suite 201

City Nashville State TN Zip Code 37203

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E183Q1XJ8KX005A

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Business Minded Democrats**

Mailing Address 12 Dudley Street

City Presque Isle State ME Zip Code 04769

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EA500XCNIX1Q3H

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Democratic Party of Illinois (Non-Federal Account)**

Mailing Address PO Box 518

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Uncashed 4/26/06 Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6853700606215412893

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

-3000.00

Uncashed Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

-250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Democratic Party of Illinois (Non-Federal Account)**

Mailing Address PO Box 518

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** EA9RHW6MLA2Q3N

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

## **B. Friends of Michael J. Madigan**

Mailing Address PO Box 3188

City  
Chicago

State  
IL

Zip Code  
60654

Purpose of Disbursement  
Uncashed 4/26/06 Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3140760606215396453

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-150.00

Uncashed Contribution

## **C. Friends of Michael J. Madigan**

Mailing Address PO Box 3188

City  
Chicago

State  
IL

Zip Code  
60654

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** EA9RHW4HLA2Q3W

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. House Republican Campaign Committee**

Mailing Address 47 South Meridian Street  
Second Floor

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EA500XPJX1Q3C

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Indiana House Democratic Caucus**

Mailing Address One North Capitol Avenue  
Suite 200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EA500XRVJX1Q3K

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Leadership for Maine's Future PAC**

Mailing Address c/o Mary Ellen Tardy  
PO Box 476

City Newport State ME Zip Code 04952-0476

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EA500X72IX1Q36

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Maine Senate Republican Victory Fund**

Mailing Address PO Box 7342

City  
Portland

State  
ME

Zip Code  
04112

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E153Q1XIFAX005A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Rendell for Governor**

Mailing Address 1500 Samsom Street  
4th Floor

City  
Philadelphia

State  
PA

Zip Code  
19102

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E103Q1XJDMX005A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Rutland GOPAC**

Mailing Address Eight Upland Drive

City  
Rutland

State  
VT

Zip Code  
05701

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** EA9RHTNMIA2Q3K

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Senate Leadership Committee

Mailing Address PO Box 461

City  
Burlington

State  
VT

Zip Code  
05402

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E133Q2AITPTR9A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Sullivan for Senate

Mailing Address 20 Westwood Drive

City  
Biddeford

State  
ME

Zip Code  
04005

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1D3Q1XIREX005A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

9000.00